

VALLEY REGIONAL HIGH SCHOOL

"Home of the Warriors"

**256 Kelsey Hill Rd.
Deep River, CT. 06417
Athletic Department
(860) 526-5329**

ATHLETIC RISK WAIVER

Student's Name_____ **DATE:**_____

Name of Sport_____ **School:** VRHS

I acknowledge that I have been properly advised by coaching personnel of the Region 4 School District that I am exposing myself to the risk of injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis or even death. Having been so cautioned and warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk of injury.

Student-Athlete Signature_____

Parent/Guardian Signature_____